

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

18/597,558

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		3		/		
6		30		/		
7		30		1		
8		30		1		
9		30		1		
10		30		1		
11		30		1		
12		30		1		
13		30		1		
14	/		/			
15		/		/		
16		/		/		
17		3		/		
18		2		/		
19	/		/			
20		/		1		
21				1		
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46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	21	←	16	←		←
TOTAL CLAIMS	24		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←